

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008866	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/02/2015
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ST ANTHONY'S NRSG & REHAB CENTER

**767 30TH STREET
ROCK ISLAND, IL 61201**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1210b) 300.1210d)2) 300.1210d)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/22/15

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER ST ANTHONY'S NRSG & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 767 30TH STREET ROCK ISLAND, IL 61201		
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S9999	<p>Continued From page 1</p> <p>by:</p> <p>Based on record review and interviews the facility failed to monitor and catheterize one of three residents with urinary retention. This failure resulted in R3 being sent to hospital on 9/23/15 where R3 was noted to be in acute kidney failure.</p> <p>Findings include:</p> <p>According to facility Nurse's notes R3 was admitted to the facility on 9/15/15 and discharged on 9/23/15. R3's physicians order sheet dated 9/15/15 notes that R3 had an order for, "Straight Cath (Intermittent Catheterization) PRN (as needed) due to urinary retention."</p> <p>On 10/2/15 at 1:00 P.M. E2 (Director of Nursing) stated that the facility was unable to provide documentation that they were monitoring R3's output of urine during the nine days R3 resided at the facility. E2 stated that the "Intake and Output" sheets should have been being done on R3, but were not.</p> <p>Nurse's note written by E5 (Licensed Practical Nurse) on 9/20/15 at 22:15 stated, "No urinary output this 8 hour shift. On coming nurse advised. Will monitor." On 10/2/15 at 10:30 A.M. E5 stated that on 9/20/15 at the end of her shift E5 reported to E6 (Licensed Practical Nurse) that R3 had not urinated all shift. On 10/2/15 at 12:52 P.M. E6 stated she does not remember the night of 9/20/15 and verified that E6 did not follow up with a nurse's note regarding R3's urinary retention.</p> <p>On 10/2/15 at 1:00 P.M. E2 stated that E6 should have performed a intermittent catheterization on R3 since R3 had not urinated for over 8 hours. E2 stated that R3 was not catheterized during the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>nine days R3 resided at the facility. Facility treatment sheet dated 9/1/15 to 9/30/15 verified that R3 was not catheterized at the facility from 9/15/15 to 9/23/15.</p> <p>On 10/1/15 at 9:50 A.M. Z2 (R3's daughter) stated that due to R3's family being overall unhappy with the care at the facility, they transferred R3 to another Long Term Care facility on 9/23/15. Z2 stated that while R3 was being admitted to the new facility on 9/23/15, the new facility staff did a physical assessment on R3. The new facility staff found R3 to be in pain and to have a very distended abdomen. Z2 stated that the new facility staff got an order to catheterize R3 but found R3 to be in too much pain to catheterize. The new facility sent R3 to the hospital.</p> <p>The hospital Emergency room notes from 9/23/15 note that R3 was catheterized for 2700 milliliters of urine. Hospital labs from 9/23/15 note R3 BUN (Blood Urea Nitrogen) level to be 104 mg/dl, with a normal range being 7 - 22 mg/dl. R3's Creatinine serum level was 13.57 mg/dl, with a normal range being 0.70 - 1.30 mg/dl. Hospital "Clinical Impression" was, "Acute Kidney Injury".</p> <p>On 10/1/15 at 11:30 A.M. Z1 (Emergency Room Physician) stated that R3 had come to the emergency room on 9/23/15 with a distended abdomen and in pain. Z1 stated that after doing Laboratory results, it was evident that R3 was in "Acute Renal Failure", which was due to a prolonged period of time without urinating.</p> <p>(A)</p>	S9999		

IMPOSED PLAN OF CORRECTION

St. Anthony's Nursing Rehab

Complaint Survey 1525317/IL80424 – October 2, 2015

300.1210b)
300.1210d)2)
300.1210d)3)
300.3240a)

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

- 2) All treatments and procedures shall be administered as ordered by the physician.
- 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

This will be accomplished by:

- I. The facility will provide education for nursing staff on resident assessments including but not limited to: change in the resident's physical, mental or psychosocial status, documentation of interventions utilized, and reassessment for adequacy of interventions utilized.
- II. All staff will be in-serviced regarding the following:
 - Policy and procedure of Change of Resident's Condition
 - Identifying residents with potential for being affected by deficient practice (Change of Resident's Condition Policy) by review of assessments, interventions, and updating care plans. The facility will reflect condition/behavior changes, follow-up interventions, and reporting practices as appropriate per facility policy

Attachment B
Imposed Plan of Correction

- Quality Assurance (QA) tools with documentation and monitoring of compliance. All issues and concerns will be corrected immediately and reviewed during the QAPI meeting.
- III. Documentation of in-service training will be maintained by the facility.
- IV. The Regional Director, Administrator, Director of Nursing and Quality Assurance Committee will monitor Items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Ten (10) days from receipt of this Imposed Plan of Correction.